

**Adult Day Health Care  
Provider Type 43  
907 KAR 1:230**

**Information about the program:**

- Provider must contact OIG for survey.
- Out of state providers may not enroll.
- Provider must obtain a Certificate of Need.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- State license (current and reflecting requested enrollment date)
- W-9
- NPI and Taxonomy Verification

**Important addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40601
- KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602